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## BIB DATA SHEET

CONFIRMATION NO. 3667

SERIAL NUMBER	FILING or 371(c) DATE RULE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
10/578,694		229	3782	1421-171 PCT/US

**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a 371 of PCT/GB04/04801 11/12/2004

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

UNITED KINGDOM 0326446.2 11/13/2003

**\*\* IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\***

08/17/2007

Foreign Priority claimed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119(a-d) conditions met	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
Verified and Acknowledged	/CHRISTOPHER R DEMERE/	CD Initials	UNITED KINGDOM	2	56	1
	Examiner's Signature					

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**TITLE**

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<b>FILING FEE RECEIVED</b> 2830	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit